

Liberty Fire Protection, Inc.

7214 Peppermill Parkway, North Charleston, SC 29418

(843) 552-1301 Info@LibertyFireProtectionInc.com

www.LibertyFireProtectionIncGov.com

ALARM INSPECTION AND TESTING REPORT

Date: _____ Time: _____ POC: _____

Service Organization

Name: Liberty Fire Protection, Inc.

Address: 7214 Peppermill Parkway

North Charleston, SC 29418

Representative: _____

License No: FAC. 13661

Telephone: (843) 552-1301

Monitoring Entity

Contact: _____

Telephone: _____

Monitoring account Ref. No.: _____

Type Transmission

- ☐ McCulloh
- ☐ Multiplex
- ☐ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify) _____

Control Unit Manufacturer: _____

Circuit Styles: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

Property Name (User)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

Email: _____

Approving Agency

Contact: _____

Telephone: _____

Service

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☐ Annually
- ☐ Other (Specify) _____

Model No.: _____

Number of Circuits: _____

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Alarm-Initiating Devices and Circuit Information

Quantity

Circuit Style

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): _____

Alarm Notification Appliances and Circuit Information

Quantity

Circuit Style

Building Temp.

Site Water Temp.

Site Water Level

Fire Pump Power

Fire Pump Running

Fire Pump Auto Position

Fire Pump or Pump Controller Trouble

Generator Engine Running

Generator Auto Position

Generator or Controller Trouble

Switch Transfer

Other (Specify): _____

Signaling Line Circuits

Quantity and Style (See NFPA 72, Table 3-6) of Signaling line circuits connected to system:

Quantity _____

Style(s) _____

System Power Supplies

a. Primary (Main): Nominal Voltage _____, Amps _____

Overcurrent Protection: Type _____, Amps _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: _____

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b. Secondary (Standby):

Storage Battery: Amp-Hr. Rating _____

Calculated capacity to operate system, in hours: _____ 24 _____ 60 _____

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

Type Battery

- ☐ Dry Cell
☐ Nickel-Cadmium
☐ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700

Legally required standby described in NFPA 70, Article 701

Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

Prior to Any Testing

Notification are Made	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (Notified) of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

System Tests and Inspections

Type	Visible	Functional	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interface Eq.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Secondary Power

Type	Visible	Functional	Comments
Battery Condition	<input type="checkbox"/>		
Load Voltage		<input type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
Transient Suppressors	<input type="checkbox"/>		
Remote Annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Notification Appliances			
Audible	<input type="checkbox"/>	<input type="checkbox"/>	
Visual	<input type="checkbox"/>	<input type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

Initiating and Supervisory Device Tests and Inspections

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Emergency Communications Equipment

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

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Interface Equipment	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Hazard Systems			
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Procedures: _____			

Comments: _____			

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Notification That Testing is Complete	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: _____

System restored to normal Operation: Date: _____ Time: _____

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Additional Comments and/or Recommendations: _____

This Testing was Performed in Accordance with Applicable NFPA Standards.

Name of Inspector: _____ Date: _____ Time: _____

Signature: _____

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

Liberty Fire Protection Inc. does not assume the responsibility for the condition, serviceability, or functioning of equipment following the date of inspection, but certifies only to the condition of equipment at date of inspection.

Thank you for allowing Liberty Fire Protection, Inc. the opportunity to serve you. Please don't hesitate to contact us with any questions or concerns. Should deficiencies be noted on this inspection and testing report a corrective action and or a service repair quote will be sent in a timely manner to the Point of Contact(s).